MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:

Medicaid & CHIP Idaho

Section A. Verification Procedures for Factors of Eligibility

	Section A. Veri	fication Procedu	res for Factors of E	ligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income*	NO	NO	VFS	Both are above, at or below the applicable income standard.		YES	YES	Self-Attestation is accepted for Self-Employment Income when an individual's information is not representive of last year's tax information. For other types of income, if the individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, then a reasonable explanation or paper documentation will be requested. For the Reasonable Compatability Standard we are just using the method that both self attestation and electronic source data are both above, at, or below the applicable income standard. If an individual attests to income above the applicable standard and data shources indicates income is below the standard, the Medicaid agency will take that attestation and make the person inelgible for Medicaid and send a data transfer for APTC consideration.
Residency	YES	NO	NO		N/A	NO	NO	
Age (Date of Birth)	NO	NO	YES		N/A	NO	NO	Self-attested DOB must still pass Numident process with SSA. If there is a discrepancy will have the individual resolve it with SSA and then conduct a follow-up data match. Would enroll in benefits if otherwise eligible pending verification.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	The state will be using existing data match with SSA and not the Hub. Paper Documentation only required if there is a discrepancy between information reported and information received from SSA interface. If there is a discrepancy will have the individual resolve it with SSA and either return a form of resolution or conduct a follow-up data match. If information is not resolved with SSA, we would not enroll in benefits without good cause. Idaho has a connection with SOLQi which does give real time data matches for Social Security Number matches. The only delay will be if the data provided by the client and the data provided by SSA conflicts.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	The state will be using existing data match with SSA and not the Hub. Paper Documentation only required if SSA match and vital statistics verification does not resolve discrepancy. The SVES is a batch process, however if the client attests to meeting the citizenship requirements, we will approve the Medicaid and give them the 90 day reasonable period to provide information. We run the batch process that night. If they fail, we send out verification requests upon receipt of the response from SVES, explaining the 90 day requirement and begin tracking from that day forward.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	The state will be using existing data match with DHS and not the Hub. Paper Documentation only required if DHS tells us to institute secondary verification.
Household Composition	YES	NO	NO		N/A	NO	NO	For most cases the state is accepting self-attestaion, however, if there is a discrepancy identified on the application, we woud ask for a reasonable explanation and Paper Documentation only if necessary.
Pregnancy ***	YES	NO	NO		N/A	NO	NO	
Caretaker Relative	YES	NO	NO		N/A	NO	NO	
Medicare	NO	NO	YES		N/A	YES	YES	If there is a discrepancy with SSA data we will ask for additional information from the individual.
Application for Other Benefits	YES	NO	NO		N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)		T					I	

^{*} States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Idaho

Section B1. Use of Electronic Data Sources

Financial:

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Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollment (Y/N)	
1. Internal Revenue Service (IRS)	NO	NO	YES	NO	YES	YES	NO	NO	NO	NO	Idaho has not completed the security requirements for access to IRS data. We have not set up an official connection with FDSH and will finalize our strategy for access to that data based on the partnership with our State Based Marketplace.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	 The state will be existing data match with SSA and not the Hub. Post-enrollment When Change reported (by client or SSA). Have "real-time daily and monthly updates.
3. State Wage Information Collection Agency (SWICA)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	We receive state wage data from the Department of Labor (see below).
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	We use State UIB at application and re-evaluation
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	State supplemental assistance is computed in the same automated system where Medicaid is computed so an interface is not necessary.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	Does Not Exist
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Only looking at the wage data available in these programs not the calculation.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Only looking at the wage data available in these programs not the calculation.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Only looking at the wage data available in these programs not the calculation.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	Idaho does not have current interface data available through the State Tax Commission.
11. Commercial database: (Pease describe any commercial databases in the space below)											
Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Idaho has a current contract with TALX and will use this data available through the work number interface to verify income information on Day 1, as we currently do today.
12. Other: (Please describe any additional electronic data sources in the space below)											
Dept. Labor Quarterly Wage	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	The information received through the Department of Labor is the state wage information - the source is the Department of Labor.
Dept. Labor New Hire	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	

^{1.} The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Idaho

Section B2. Use of Electronic Data Sources

Non-Financial:

NOH-FIHAHCIAL																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	YES		Other (specify in comments)	Only used at renewal and post-enrollment for Medicare. Any change reported by SSA through BENDEX or SDX files are acted on by the Medicaid Agency.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES		Other (specify in comments)	Used at renewal and post-enrollment for status are subject to change or 5-year bar information. If information changes post enrollment, that information will be acted as appropriate for Medicaid eligibility.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES		Other (specify in comments)	Used at application for as a back-up for citizenship. Used at renewal and post-enrollment if receive a report of change for Date of death and household composition.
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		not available and data sharing challenges. Since this data is unreliable and there is not a resource test for Medicaid, we do not have immediate plans to utilize this data.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: (Please describe any commercial databases in the space below)																	
13. Other: (Please describe additional electronic data sources in the space provided below)																	
PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	Used to identify if individual is enrolled in benefits in another state.
P	+	•——	•	•	•——	•	-	-	-		•			•	•		

^{*} Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information.

If used for other purposes, please indicate in Section D.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Idaho

Section C . Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Attestation Accepted with	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
Applicant does not have other coverage	YES	NO	NO	NO	Must be Applied	Accept self-attestation in most cases, unless questionable, such as they are a state employee or they work for an employer we know is likely to offer health coverage. In those cases, we would ask for additional information.
2. Applicant does not have access to affordable ESI	YES	NO	NO	NO		This is not applicable unless state employee. In such case we would deny their coverage for CHIP.
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		
4. Access to public employee coverage	NO	NO	YES	NO		State Dept. of Labor
5a. Waiting period exception #1 (describe):					N/A	

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
5b. Waiting period exception					N/A	
#2 (describe):					14//1	
5c. Waiting period exception					N/A	
#3 (describe):					14//1	
5d. Waiting period exception					N/A	
#4 (describe):					NA	
5e. Waiting period exception					N/A	
#5 (describe):					NA	
5f. Waiting period exception					N/A	
#6 (describe):					NA	
5g. Waiting period exception					N/A	
#7 (describe):					14/71	
5h. Waiting period exception					N/A	
#8 (describe):					NA	
5i. Waiting period exception					N/A	
#9 (describe):					14//1	
5j. Waiting period exception					N/A	
#10 (describe):					14/71	
6. Other eligibility factors or						
exceptions to eligibility						
factors: (Please describe in						
the space provided below)						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:

Medicaid & CHIP Idaho

Section D. Additional Verification Questions

	Question	Response
1		The state accepts self-attestation without additional verification for many factors. For those that are verified, the state uses all available electronic data sources and asks for a reasonable explanation or paper documentation only when necessary to resolve inconsistencies.
2	Please describe how the state uses PARIS?	The State uses PARIS information post-enrollment to determine potential duplicate participation.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	

	Question	Response
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	YES
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
		State has submitted a letter.
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

Section A. Additional Comments	
Continue D1 Additional Community	
Section B1. Additional Comments	
Section B2. Additional Comments	
Section C. Additional Comments	